



Volunteer Application

Volunteer's Information:

Name _____

 Address: _____
 First MI Last City State Zip

Phone: (H) _____ C) _____ Email _____

Emergency Contact: _____ Phone Number: _____

I, _____ (Volunteer's Name) hereby volunteer to perform the duties of
 _____ (Volunteer Position). These duties will be performed at
 _____ (Location or Program). I understand that I will perform those
 duties from _____ (date) to _____ (date). I further understand that the hours I have volunteered
 to work are listed below. ☐ This is an on-going program with varying times and days.

M	T	W	Thur	F	Sa	Su

I hereby state that I am acting in a volunteer capacity for the City of Durham. While serving in this role, I agree to follow the policies and procedures for the program as outlined by the Director.

I waive and release any potential claims against the City of Durham for damages or injuries received while acting as a volunteer, including and not limited to volunteer efforts during bus/field trips, swimming, and other functions.

 Volunteer's Signature

 Date

 Parent/Guardian Signature

 Date

*required if volunteer is under 18 years of age

 Supervisor's Signature

 Date

(OVER)

EMERGENCY CONTACT INFORMATION:

The information contained in this form will be kept confidential.

Volunteer Name: _____ Volunteer's Date of Birth: _____

Emergency Contact:

Contact #1: _____ Relationship: _____

Contact #(s): Home #: _____ Alternate #: _____

Contact #2: _____ Relationship: _____

Contact #(s): Home #: _____ Alternate #: _____

Medical Information: (This information is helpful if a medical emergency arises)

Allergies: _____

Current Medications/Physical Conditions: (please list only medications that medical personnel would need to be aware of in an emergency situation: i.e. blood pressure medication, insulin):

Primary Care Physician: _____ Contact #: _____

Dentist Name: _____ Contact #: _____

Special Provisions: _____

I, _____ give my permission to the City of Durham Parks and Recreation Department staff to release the information contained on this form to emergency service workers.

I agree that the Director may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Volunteer Signature

Date